LOCAL BANKRUPTCY FORM NO. 6

IN THE UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF PENNSYLVANIA

IN RE:	: CASE NO. 18-22844-CMB
Lisa Dawn Cefalu, Debtor,	: CHAPTER 13 :
	: DOCKET NO.: 38 _ :
АМ	ENDMENT COVER SHEET
Amendment(s) to the following petition, I	ist(s), schedule(s), or statement(s) are transmitted herewith:
Voluntary Petition Specify reason for Official Form 6 Schedules (Itemization of Commany of Schedules	Changes Must Be Specified) empt red Claims
Schedule F - Creditors Holding Unse Check one: Creditor(s) added NO creditor(s) added Creditor(s) deleted	ecured Nonpriority Claims
Schedule G - Executory Contracts a Check one: Creditor(s) added	nd Unexpired Leases
NO creditor(s) added Creditor(s) deleted Schedule H - Codebtors Schedule I - Current Income of Indiv	

Statement of Financial Affairs
Chapter 7 Individual Debtor's Statement of Intention
Chapter 11 List of Equity Security Holders
Chapter 11 List of Creditors Holding 20 Largest Unsecured Claims
Disclosure of Compensation of Attorney for Debtor
X Other: Form 122C Current Monthly Income / Disposable Income

NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES

Respectfully submitted,

Date: September 27, 2018

/s/ Daniel P. Foster
Daniel P. Foster, Esquire
PA I.D. # 92376
Foster Law Offices
Post Office Box 966
Meadville, PA 16355

Tel: 814.724.1165 Fax: 814.724.1165

Email: dan@mrdebtbuster.com

Attorney for Debtors

MAILING MATRIX

Ronda J. Winnecour cmecf@chapter13trusteewdpa.com

Office of the United States Trustee Ustregion03.pi.ecf@usdoj.gov

Lisa Dawn Cefalu 695 Heasley Road Pittsburgh, PA 15223

Fill in this information to identify your case:								
Debtor 1	Lisa Dawn Cefalu							
Debtor 2 (Spouse, if filing)								
United States E	Bankruptcy Court for the: Western District of Pennsylvania							
Case number (if known)	18-22844							

Check as directed in lines 17 and 21:									
	According to the calculations required by this Statement:								
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).								
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).								
	3. The commitment period is 3 years.								
	4. The commitment period is 5 years.								

■ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Additional pages, write your name and case number (if known). Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. Not married. Fill out Column A, lines 2-11. Married. Fill out both Columns A and B, lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

				Colui Debt		Debt	mn B or 2 or filing spouse
Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	and co	ommissio	ons (before all	\$	2,651.93	\$	6,227.19
 Alimony and maintenance payments. Do not include Column B is filled in. 	e payme	ents from	a spouse if	\$	0.00	\$	0.00
4. All amounts from any source which are regularly p of you or your dependents, including child support from an unmarried partner, members of your househol and roommates. Do not include payments from a spout you listed on line 3.	t. Includ d, your	le regular depende	contributions nts, parents,	\$	0.00	\$	0.00
Net income from operating a business, profession, or farm	Debtoi	1					
Gross receipts (before all deductions)	\$_	0.00					
Ordinary and necessary operating expenses	- \$ _	0.00					
Net monthly income from a business, profession, or fa	rm \$ _	0.00	Copy here ->	\$	0.00	\$	0.00
6. Net income from rental and other real property	Debto	r 1					
Gross receipts (before all deductions)	\$_	0.00					
Ordinary and necessary operating expenses	-\$_	0.00					
Net monthly income from rental or other real property	\$_	0.00	Copy here ->	\$	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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18-22844

Case number (if known)

Column B Column A Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 \$ 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you_____ 0.00 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 2,651.93 6,227.19 8,879.12 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 8,879.12 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 8,879.12 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 8.879.12 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 106,549.44 15b. The result is your current monthly income for the year for this part of the form.

Debtor 1

Lisa Dawn Cefalu

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Debto	r1 <u>LI</u>	sa Dawn Ceraiu		Case number (if known) 18	3-22844	
16.	Calcula	ate the median family income that applies to yo	u. Follow these steps	:		
	16a. Fil	ll in the state in which you live.	PA			
	16b. Fil	ll in the number of people in your household.	3			
	To	I in the median family income for your state and size of find a list of applicable median income amounts, g	go online using the lin		\$_	78,953.00
17		structions for this form. This list may also be availa the lines compare?	ble at the bankruptcy	clerk's office.		
17.		Line 15b is less than or equal to line 16c. On 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO				
	17b.	■ Line 15b is more than line 16c. On the top of 1325(b)(3). Go to Part 3 and fill out Calcula your current monthly income from line 14 about 14 about 15 cm.	ation of Your Dispos			
Part	3:	Calculate Your Commitment Period Under 11 U	.S.C. § 1325(b)(4)			
18.	Сору у	our total average monthly income from line 11			\$	8,879.12
19.	Deduct contend spouse	t the marital adjustment if it applies. If you are med that calculating the commitment period under 11 's income, copy the amount from line 13.	narried, your spouse is U.S.C. § 1325(b)(4) a	s not filing with you, and you		
	19a. If 1	the marital adjustment does not apply, fill in 0 on lir	ne 19a.		-\$	0.00
	19b. Տ ւ	ubtract line 19a from line 18.			\$	8,879.12
20.	Calcula	ate your current monthly income for the year. F	Follow these steps:			
	20a. Co	ppy line 19b			\$_	8,879.12
	M	ultiply by 12 (the number of months in a year).				(12
	20b. Th	ne result is your current monthly income for the year	ır for this part of the fo	orm	\$_	106,549.44
	20c. Co	opy the median family income for your state and size	ze of household from	line 16c	\$_	78,953.00
	21. H o	ow do the lines compare?				
		Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	ordered by the court,	on the top of page 1 of this form	, check box 3,	The commitment
		Line 20b is more than or equal to line 20c. Unle commitment period is 5 years. Go to Part 4.	ss otherwise ordered	by the court, on the top of page 1	of this form, cl	neck box 4, The
Part	4:	Sign Below				
	By sign	ing here, under penalty of perjury I declare that the	information on this s	tatement and in any attachments	is true and cor	rect.
Y	/s/ Li	sa Dawn Cefalu				
^	Lisa	Dawn Cefalu ture of Debtor 1				
	Date _	September 27, 2018				
		hecked 17a, do NOT fill out or file Form 122C-2.				
	-	hecked 17b, fill out Form 122C-2 and file it with thi	s form. On line 39 of t	hat form, copy your current montl	hly income fron	n line 14 above.

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Fill in this info	rmation to identify your case:	
Debtor 1	Lisa Dawn Cefalu	
Debtor 2 (Spouse, if filing	1)	
United States B	ankruptcy Court for the: Western District of Pennsylvania	
Case number (if known)	18-22844	■ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:

Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C–1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C–1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 1,384.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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Lisa Dawn Cefalu Debtor 1 Case number (if known) 18-22844 People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 3 7c. Subtotal. Multiply line 7a by line 7b. 156.00 Copy here=> \$ 156.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 \$ Copy here=> 0.00 7g. Total. Add line 7c and line 7f 156.00 Copy total here=> \$ 156.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 622.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 1,043.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment Pnc Mortgage 1,205.00 \$ Copy Repeat this amount 1,205.00 1,205.00 9b. Total average monthly payment \$ here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

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Lisa Dawn Cefalu Debtor 1 Case number (if known) 18-22844 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 460.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 2015 Mazda CX-5 Touring 45,000 miles 13a. Ownership or leasing costs using IRS Local Standard..... 497.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **Capital One Auto Finance** 145.00 Repeat this Copy amount on **Total Average Monthly Payment** 145.00 145.00 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 352.00 352.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment -NONE-Copy Repeat this here amount on line 33c. Total average monthly payment 0.00 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Lisa Dawn Cefalu Case number (if known) 18-22844

	er Necessary Expenses	In addition to the expense of the following IRS categories		s listed above	, you are allowed your monthly expenses	for	
16.	self-employment taxes, soc your pay for these taxes. He and subtract that number from	ial security taxes, and Medic owever, if you expect to rece om the total monthly amount	care taxes	s. You may ind refund, you m	nd local taxes, such as income taxes, clude the monthly amount withheld from hust divide the expected refund by 12 for taxes.	\$	1,603.39
47	Do not include real estate, s	Ψ_	,				
17.	Involuntary deductions: T contributions, union dues, a	, , ,	uctions tr	nat your job re	quires, such as retirement		
	Do not include amounts tha	\$	496.30				
18.	filing together, include payn	nents that you make for your r life insurance on your depe	· spouse's	s term life insu	e insurance. If two married people are irance. g spouse's life insurance, or for any form	\$	20.00
19.	Court-ordered payments:				by the order of a court or		
	administrative agency, such				You will list these obligations in line 35.	\$	0.00
20						* —	
20.	Education: The total month as a condition for your joint as a c	, , , ,	education	tnat is eitner	requirea:		
						¢	0.00
					ation is available for similar services.	\$	0.00
21.	Childcare: The total month Do not include payments fo				sitting, daycare, nursery, and preschool.	\$	0.00
22.		h and welfare of you or your	depende	ents and that is	amount that you pay for health care s not reimbursed by insurance or paid al entered in line 7.		
	Payments for health insurar	nce or health savings accoun	nts shoul	d be listed only	y in line 25.	\$	0.00
23.	for you and your dependent phone service, to the extent income, if it is not reimburse Do not include payments fo	s, such as pagers, call waiti necessary for your health a d by your employer. r basic home telephone, into	ng, caller and welfa ernet and	re or that of you	you pay for telecommunication services special long distance, or business cell our dependents or for the production of rvice. Do not include self-employment abount you previously deducted.	+\$	345.00
	Add all of the expenses a	lowed under the IRS expe	neo allo	wancos			
24.	Add lines 6 through 23.		iise allo	wances.		\$	5,438.69
	Add lines 6 through 23. litional Expense Deduction	S These are additional d Note: Do not include a	eduction	s allowed by th		\$	5,438.69
Add	litional Expense Deduction Health insurance, disabili	Note: Do not include a ty insurance, and health sa	leductions lny exper	s allowed by the see allowances count expen			5,438.69
Add	litional Expense Deduction Health insurance, disabili insurance, disability insurance	Note: Do not include a ty insurance, and health sa	leductions lny exper	s allowed by the see allowances count expen	s listed in lines 6-24. ses. The monthly expenses for health		5,438.69
Add	Health insurance, disabili insurance, disabili your dependents.	Note: Do not include a ty insurance, and health sa	leductions any exper avings ac ounts that	s allowed by the se allowances ccount expertate are reasonables.	s listed in lines 6-24. ses. The monthly expenses for health		5,438.69
Add	Health insurance, disabiliinsurance, disabiliinsurance, disability insurance, your dependents. Health insurance	Note: Do not include a ty insurance, and health so ce, and health savings acco	leduction: iny exper avings accounts that	s allowed by the see allowances ccount experiment are reasonable 663.80	s listed in lines 6-24. ses. The monthly expenses for health		5,438.69
Add	Health insurance, disabilitinsurance, disabilitinsurance, disability insurance your dependents. Health insurance Disability insurance	Note: Do not include a ty insurance, and health so ce, and health savings acco	leductions in y experience avings action to that \$\$	s allowed by the seallowances ccount expert are reasonabe 663.80	s listed in lines 6-24. ses. The monthly expenses for health		5,438.69 847.12
Add	Health insurance, disabili insurance, disabili insurance, disability insurar your dependents. Health insurance Disability insurance Health savings account	Note: Do not include a ty insurance, and health sice, and health savings according to the saving	seduction: avings accounts that \$ \$ F \$	s allowed by the seallowances occount experiment are reasonabeed of the seallowances occount experiment are reasonabeed on the seallowance of the	s listed in lines 6-24. nses. The monthly expenses for health oly necessary for yourself, your spouse, or		
Add	Health insurance, disabilitinsurance, disabilitinsurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to	Note: Do not include a ty insurance, and health sice, and health savings according to the saving	seduction: avings accounts that \$ \$ F \$	s allowed by the seallowances occount experiment are reasonabeed of the seallowances occount experiment are reasonabeed on the seallowance of the	s listed in lines 6-24. nses. The monthly expenses for health oly necessary for yourself, your spouse, or		
Add	Health insurance, disabilitinsurance, disabilitinsurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reas	Note: Do not include a ty insurance, and health sace, and health savings accordant amount? out actually spend? o the care of household or onable and necessary care of your immediate family wh	s family i and suppose is unab	s allowed by the seallowances allowances allowances allowances are reasonabed 663.80 0.00 183.32 847.12	c actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may		
25.	Health insurance, disabilitional Expense Deduction Health insurance, disabilitionsurance, disability insurance your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this to No. How much do you yes Continued contributions to continue to pay for the reas your household or member include contributions to an approtection against family	Note: Do not include a ty insurance, and health sice, and health savings according to the care of household of the care of household of the care of household of the care of your immediate family what account of a qualified ABLE violence. The reasonably not the transmitted to the care of the care of your immediate family what count of a qualified ABLE violence. The reasonably not the care of the care of the care of the care of your immediate family what count of a qualified ABLE violence.	ss s s s s s s s s s group rogram.	s allowed by the seallowances are reasonable are reasonable 663.80 0.00 183.32 847.12 members. The port of an elder ole to pay for seal 26 U.S.C. § 5 monthly experted.	c actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may	\$	847.12

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ebtor 1	Lisa Dawn Cefalu		ase number (<i>if kne</i>	own)	18-2	22844		
	Additional home energy costs. Your hom line 8.	e energy costs are included in your insurance	ce and operat	ting 6	expense	es on		
	If you believe that you have home energy c 8, then fill in the excess amount of home er		sts included i	n ex	penses	on line	9	
	You must give your case trustee documents amount claimed is reasonable and necessary		t show that th	e ad	ditional		\$	0.00
	Education expenses for dependent child \$160.42* per child) that you pay for your depublic elementary or secondary school.							
	You must give your case trustee documental claimed is reasonable and necessary and r		t explain why	the a	amount			
	* Subject to adjustment on 4/01/19, and eve	ery 3 years after that for cases begun on or a	after the date	of a	djustme	ent.	\$	160.42
	Additional food and clothing expense. Thigher than the combined food and clothing than 5% of the food and clothing allowance	allowances in the IRS National Standards.						
	To find a chart showing the maximum addit instructions for this form. This chart may also			epai	rate			
	You must show that the additional amount of	claimed is reasonable and necessary.					\$	46.00
	Continuing charitable contributions. The instruments to a religious or charitable orga		in the form of	cas	h or fina	ancial		
	Do not include any amount more than 15%	of your gross monthly income.					\$	125.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.					\$_	1,178.54
Ded	uctions for Debt Payment							
le	For debts that are secured by an interest pans, and other secured debt, fill in lines	33a through 33e.						
	o calculate the total average monthly paym reditor in the 60 months after you file for bar		iue io each se	cure	au			
	Mortgages on your home							rage monthly ment
33a.	Copy line 9b here					=>	\$	1,205.00
	Loans on your first two vehicles							<u> </u>
33b.	Copy line 13b here					=>	\$	145.00
33c.	Canadina 42a hana					=>	\$	0.00
33d.	List other secured debts:							
	e of each creditor for other secured debt	Identify property that secures the debt		inclu	es paym ude tax nsuranc	es		
					No			
	-NONE-				Yes		\$	
		-			NI-		· –	
					No			
					Yes		\$_	
					No			
					Yes	+	\$	
						7		
						Сору		

Document Page 11 of 15 Lisa Dawn Cefalu 18-22844 Case number (if known)

	debts that you listed in lin property necessary for yo) ,					
■ No.	Go to line 35.									
☐ Yes.	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill in	ssession of your property								
Name of the	creditor	Identify property that se	cures the deb	t	То	tal cure amount			onthly	cure
-NONE-				\$			÷ 60		lount	
				Total	\$	0.00	t	copy otal ere=>	\$	0.00
	owe any priority claims - so due as of the filing date o				nat					
No.	Go to line 36.									
☐ Yes.	Fill in the total amount of a ongoing priority claims, such			le current or						
	Total amount of all past-d	lue priority claims			\$	0.00		÷ 60	\$	0.00
36. Projecte	ed monthly Chapter 13 plar	n payment			\$	300.00	_			
Office of the Exec To find a	multiplier for your district as s the United States Courts (fo cutive Office for United States list of district multipliers that inclu- instructions for this form. This lis	or districts in Alabama and s Trustees (for all other d udes your district, go online u	Í North Caroli istricts). sing the link sp	na) or by ecified in the	X	4.40				
Average	monthly administrative expe	ense				\$13.20		y total e=> \$		13.20
	l of the deductions for deb es 33e through 36.	t payment.							\$	1,363.20
Total Deduc	ctions from Income									
38. Add all	of the allowed deductions.									
	ne 24, All of the expenses al se allowances	llowed under IRS	\$	5,438.69)					
Copy li	ne 32, All of the additional ex			1,178.54	Ļ					
Copy li	ne 37, All of the deductions t	for debt payment	+\$	1,363.20)	_				
Total d	eductions		\$	7,980.43	3	Copy total here=	>	9	s	7,980.43

Debtor 1

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Lisa Dawn Cefalu 18-22844 Debtor 1 Case number (if known) Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) Part 2: 39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 8,879.12 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 7,980.43 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense **Husband Unsecured Obligations** 550.00 **Husband Student Loan** 250.00 \$ Copy 800.00 800.00 Total \$ here=> \$ Сору 44. **Total adjustments.** Add lines 40 through 43. 8,780.43 8.780.43 here=> -\$ 98.69 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Increase or I ine Reason for change Date of change Amount of change decrease? ■ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase □ 122C-2 ☐ Decrease

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Debtor 1 Lisa Dawn Cefalu Case number (if known) 18-22844

Part 4:	Sign Below
	By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.
Χ	/s/ Lisa Dawn Cefalu
	Lisa Dawn Cefalu Signature of Debtor 1
Date	September 27, 2018 MM / DD / YYYY

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Debtor 1 Lisa Dawn Cefalu Case number (if known) 18-22844

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2018 to 06/30/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Brighton Collectibles

Income by Month:

6 Months Ago:	01/2018	\$2,372.00
5 Months Ago:	02/2018	\$2,476.00
4 Months Ago:	03/2018	\$3,102.00
3 Months Ago:	04/2018	\$2,292.00
2 Months Ago:	05/2018	\$2,466.00
Last Month:	06/2018	\$3,203.55
	Average per month:	\$2,651.93

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Debtor 1 Lisa Dawn Cefalu Case number (if known) 18-22844

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 01/01/2018 to 06/30/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Equian LLC

Income by Month:

6 Months Ago:	01/2018	\$8,014.74
5 Months Ago:	02/2018	\$3,463.62
4 Months Ago:	03/2018	\$3,517.73
3 Months Ago:	04/2018	\$8,000.84
2 Months Ago:	05/2018	\$5,654.36
Last Month:	06/2018	\$8,711.85
	Average per month:	\$6,227.19